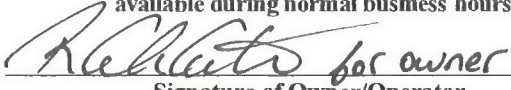
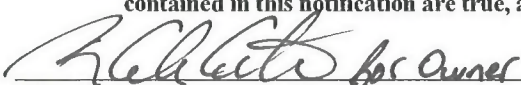


U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. Includes wet removal, containment barriers, negative pressure, proper waste transport and disposal.		
XII.	Waste Transporter #1	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
	Waste Transporter #2	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)			
	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____			
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)			
	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.			
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.			
	Same procedures as Section X above			
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.			
	 _____ Signature of Owner/Operator	12/05/13 _____ Date	Chris Crothers, Owner's Consultant _____ Type or Print Name and Title	
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.			
	 _____ Signature of Owner/Operator	12/05/13 _____ Date	Chris Crothers - Owner's Consultant _____ Type or Print Name and Title	